

**PLEASE RETURN TO:** Adebukola Akinladenu, Eligibility Unit  
Southern Maryland Regional Office  
312 Marshall Avenue, Suite 700  
Laurel, Maryland 20707  
**IF QUESTIONS CALL:** 301-362-5100; toll free 1-888-207-2479  
TDD 301-362-5131

## DEVELOPMENTAL DISABILITIES ADMINISTRATION

### APPLICATION FOR SERVICE

#### FOR OFFICE USE ONLY

Regional Office: \_\_\_\_\_

Date Received: \_\_\_\_\_

Applicant I.D. Number: \_\_\_\_\_

#### **PART I: APPLICANT'S INFORMATION**

I-1. Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I-2. Applicant's Medical Assistance Number: \_\_\_\_\_

\_\_\_\_ Federal \_\_\_\_ State Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Currently all M.A is Federally Funded)

I-3. Applicant's Name: \_\_\_\_\_  
Last First M.I.

I-4. Applicant's Permanent Mailing Address:

\_\_\_\_\_

\_\_\_\_\_ P. O. Box No. Apt. No.

\_\_\_\_\_ City State Zip Code

I-5. Applicant's Telephone Number: (\_\_\_\_) \_\_\_\_\_

Signature of Person Completing Application: \_\_\_\_\_ Date: \_\_\_\_\_

I-6. Applicant's County of Residence:

- |                       |                           |                        |
|-----------------------|---------------------------|------------------------|
| ____ (1) Allegany     | ____ (10) Frederick       | ____ (18) St. Mary's   |
| ____ (2) Anne Arundel | ____ (11) Garrett         | ____ (19) Somerset     |
| ____ (3) Baltimore    | ____ (12) Harford         | ____ (20) Talbot       |
| ____ (4) Calvert      | ____ (13) Howard          | ____ (21) Washington   |
| ____ (5) Caroline     | ____ (14) Kent            | ____ (22) Wicomico     |
| ____ (6) Carroll      | ____ (15) Montgomery      | ____ (23) Worcester    |
| ____ (7) Cecil        | ____ (16) Prince George's | ____ (30) Baltimore    |
| ____ (8) Charles      | ____ (17) Queen Anne's    | ____ (40) Wash., D.C.  |
| ____ (9) Dorchester   |                           | ____ (50) Out-of-State |

I-7. Applicant's Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

I-8. Applicant's sex: \_\_\_\_\_ Male \_\_\_\_\_ female

I-9. Applicant's Race: \_\_\_\_\_ (1) Black \_\_\_\_\_ (2) White \_\_\_\_\_ (3) Native American  
\_\_\_\_\_ (4) Asian \_\_\_\_\_ (5) Other

I-10. Applicant's Marital Status: \_\_\_\_\_ (1) Single \_\_\_\_\_ (2) Married  
\_\_\_\_\_ (3) Divorced \_\_\_\_\_ (4) Widowed

I-11. Onset of disability before age 22: \_\_\_\_\_ (1) Yes \_\_\_\_\_ (2) No

I-12 Applicant's disability (disabilities):

From the list below, enter the codes of the applicant's disability (disabilities) in priority order up to six in the spaces provided.

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
(4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_

- |   |                                    |
|---|------------------------------------|
| (00) Not available                                | (12) Intellectual Disability       |
| (01) None   | (13) Multiple sclerosis            |
| (02) Autism                                       | (14) Muscular dystrophy            |
| (03) Behavioral problems                          | (15) Orthopedic Impairment         |
| (04) Blindness/Severe visual impairment           | (16) Specific learning disability  |
| (05) Cerebral palsy                               | (17) Speech/Language impairment    |
| (06) Chemical dependency<br>(Includes alcoholism) | (18) Spina bifida                  |
| (07) Cystic fibrosis                              | (19) Spinal cord injury            |
| (08) Deafness/Severe hearing impairment           | (20) other neurological impairment |
| (09) {Reserved}                                   | (21) Undetermined                  |
| (10) Epilepsy/Seizure disorder                    | (22) others                        |
| (11) Head injury                                  | (23) Mental Disorder               |
|   | (24) AIDS                          |

I-13. Applicant's Mobility:

- \_\_\_ (1) Walks independently
- \_\_\_ (2) Walks with supportive devices
- \_\_\_ (3) Walks unaided with difficulty
- \_\_\_ (4) In wheelchair operated by self
- \_\_\_ (5) In wheelchair & needs help
- \_\_\_ (6) No mobility

I-14. Applicant's need for supervision

- \_\_\_ (1) No supervision
- \_\_\_ (2) Occasional monitoring
- \_\_\_ (3) Minimal daily supervision
- \_\_\_ (4) Substantial daily supervision
- \_\_\_ (5) Continuous supervision  
during waking hours
- \_\_\_ (6) Continuous 24 hours per day  
supervision
- \_\_\_ (7) Not sure

I-15. Applicant's ability to communicate:

- \_\_\_ (1) Speaks and can be understood
- \_\_\_ (2) Speaks and is difficult to  
understand
- \_\_\_ (3) Uses gestures
- \_\_\_ (4) Uses Sign Language
- \_\_\_ (5) Uses communication board  
or device
- \_\_\_ (6) None

I-16. Applicant's functioning level:

- \_\_\_ (0) No entry
- \_\_\_ (1) Mild
- \_\_\_ (2) Moderate
- \_\_\_ (3) Severe
- \_\_\_ (4) Profound
- \_\_\_ (5) Unknown

I-17. Applicant's skill in activities of daily living:

	Completely Independent	Needs Assistance	Completely Dependent
	(1)	(2)	(3)
A. Eating.....	_____	_____	_____
B. Dressing.....	_____	_____	_____
C. Bathing.....	_____	_____	_____
D. Toileting.....	_____	_____	_____
E. Hygiene.....	_____	_____	_____
F. Transfers in/out of bed.....	_____	_____	_____

**PART II: CAREGIVER/GUARDIAN/NEXT-OF-KIN INFORMATION**

The primary caregiver is the person responsible for the applicant's daily care. If the applicant is in a residential facility, put down the name of the contact person.

II-1. Primary caregiver's name: \_\_\_\_\_  
Last First M.I.

II-2. Primary caregiver's permanent mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
P. O. Box No. Apt. No.  
\_\_\_\_\_  
City State Zip Code

II-3. Telephone: (\_\_\_\_\_) \_\_\_\_\_

II-4. County of residence:

____ (1) Allegany	____ (10) Frederick	____ (18) St. Mary's
____ (2) Anne Arundel	____ (11) Garrett	____ (19) Somerset
____ (3) Baltimore	____ (12) Harford	____ (20) Talbot
____ (4) Calvert	____ (13) Howard	____ (21) Washington
____ (5) Caroline	____ (14) Kent	____ (22) Wicomico
____ (6) Carroll	____ (15) Montgomery	____ (23) Worcester
____ (7) Cecil	____ (16) Prince George's	____ (30) Baltimore
____ (8) Charles	____ (17) Queen Anne's	____ (40) Wash., D.C.
____ (9) Dorchester		____ (50) Out-of-State

II-5. Caregiver's Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

II-6. Relationship to applicant:

____ (1) Parent	____ (4) Other relative	____ (7) DDA Agency
____ (2) Spouse	____ (5) Self	
____ (3) Not related	____ (6) Public/Private Agency	

## **GUARDIAN**

If the legal guardian appointed by the court is not the primary caregiver, complete the following section:

II-7. Guardian's name: \_\_\_\_\_

II-8. Guardian's permanent mailing address:

_____		
_____		
P. O. Box No.	Apt. No	
_____		
City	State	Zip Code

II-9. Telephone: (\_\_\_\_\_) \_\_\_\_\_

II-10. County of Residence:

- |                       |                           |                        |
|-----------------------|---------------------------|------------------------|
| ____ (1) Allegany     | ____ (10) Frederick       | ____ (18) St. Mary's   |
| ____ (2) Anne Arundel | ____ (11) Garrett         | ____ (19) Somerset     |
| ____ (3) Baltimore    | ____ (12) Harford         | ____ (20) Talbot       |
| ____ (4) Calvert      | ____ (13) Howard          | ____ (21) Washington   |
| ____ (5) Caroline     | ____ (14) Kent            | ____ (22) Wicomico     |
| ____ (6) Carroll      | ____ (15) Montgomery      | ____ (23) Worcester    |
| ____ (7) Cecil        | ____ (16) Prince George's | ____ (30) Baltimore    |
| ____ (8) Charles      | ____ (17) Queen Anne's    | ____ (40) Wash., D.C.  |
| ____ (9) Dorchester   |                           | ____ (50) Out-of-State |

II-11. Relationship to applicant:

- |                      |                                |                     |
|----------------------|--------------------------------|---------------------|
| ____ (1) Parent      | ____ (4) Other relative        | ____ (7) DDA Agency |
| ____ (2) Spouse      | ____ (5) Self                  |                     |
| ____ (3) Not related | ____ (6) Public/Private Agency |                     |

## **NEXT-OF-KIN**

If the next-of-kin is not the primary caregiver or the legal guardian appointed by the court, complete the following section:

II-12. Next-of-kin's name: \_\_\_\_\_

II-13. Next-of-kin's permanent mailing address:

_____		
_____		
P. O. Box No.	Apt. No	
_____		
City	State	Zip Code

II-14. Telephone: (\_\_\_\_\_) \_\_\_\_\_

II-15. County of Residence:

- |                       |                           |                        |
|-----------------------|---------------------------|------------------------|
| ____ (1) Allegany     | ____ (10) Frederick       | ____ (18) St. Mary's   |
| ____ (2) Anne Arundel | ____ (11) Garrett         | ____ (19) Somerset     |
| ____ (3) Baltimore    | ____ (12) Harford         | ____ (20) Talbot       |
| ____ (4) Calvert      | ____ (13) Howard          | ____ (21) Washington   |
| ____ (5) Caroline     | ____ (14) Kent            | ____ (22) Wicomico     |
| ____ (6) Carroll      | ____ (15) Montgomery      | ____ (23) Worcester    |
| ____ (7) Cecil        | ____ (16) Prince George's | ____ (30) Baltimore    |
| ____ (8) Charles      | ____ (17) Queen Anne's    | ____ (40) Wash., D.C.  |
| ____ (9) Dorchester   |                           | ____ (50) Out-of-State |

II-16. Relationship to applicant:

- |                 |                         |
|-----------------|-------------------------|
| ____ (1) Parent | ____ (3) {Reserved}     |
| ____ (2) Spouse | ____ (4) Other relative |